

FEB 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2212

1. PLACE OF DEATH

64 County MarionRegistration District No. 547

File No.

Township SharonPrimary Registration District No. 13019

Registered No.

City Danville(No. 57 1. Elizabeth Hospital St. 1 Ward 5)

2. FULL NAME

(a) Residence, No. Harrison Edwin Sanders St. Palmyra Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bethwell Sanders6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-18627. AGE YEARS 74 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26010. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ind.13. NAME William Thomas Sanders14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME " " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT Ruth Sanders (ADDRESS) Palmyra Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Chickering Mo. DATE Jan. 1-193719. UNDERTAKER W. P. DeWitt (ADDRESS) Danville Mo.20. FILED Jan 5 1937 H. S. Fisher Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31-193622. I HEREBY CERTIFY, That I attended deceased from Dec 30 1936 to Dec 31 1936I last saw him alive on Dec 31 1936 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onsetOther contributory causes of importance: 12 2 1/2Name of operation Laparotomy Date of Dec 30What test confirmed diagnosis? N.O. Was there an autopsy? N.O.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N.O.

If so, specify

(Signed) W. S. Savage M. D.(Address) Danville Mo.

1282

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Marion

Registration District No. 547

Township

Primary Registration District No. 3029

City Hannibal

(No. St. Ward)

File No.

Registered No.

2. FULL NAME

Harrison Edward Sanders

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

1

12

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19.....

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset

Benign

Other contributory causes of importance:

No more information

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Francka, M. D.

(Address) Hannibal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

5-2212